

ATTACHMENT A

**INDIANA WIRELESS ENHANCED 911 ADVISORY BOARD**

Indiana Treasurer of State  
Indiana State House  
200 West Washington Street, Room 242  
Indianapolis, Indiana 46204-2792

**WIRELESS CARRIER**  
**PHASE I COST RECOVERY STATEMENT**

CARRIER: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In accordance with I.C. §§ 36-8-16.5-1 *et seq.*, we submit the following:

- 1) total monthly recurring costs ("MRCs") and nonrecurring costs ("NRCs") for E911 Phase I implementation through June 30, 2005; and,
- 2) total Phase I reimbursement received through June 30, 2005.

|   |          |
|---|----------|
| Total Phase 1 implementation MRCs through 6/30/05 | \$ _____ |
| Less: Total MRC reimbursement through 6/30/05     | _____    |
| Total Phase I implementation NRCs through 6/30/05 | _____    |
| Less: Total NRC reimbursement through 6/30/05     | _____    |
| Balance due from/to Indiana Wireless E911 Board   | \$ _____ |

|   |          |
|---|----------|
| Value of Phase I implementation costs reflected above for items not previously identified on an approved cost recovery plan | \$ _____ |
|---|----------|

**CERTIFICATION**

I swear or affirm, under the penalties of perjury, that the representations contained in the foregoing Phase I Cost Recovery Statement are, to my knowledge, accurate and that \_\_\_\_\_ has actually expended the costs for which it now seeks reimbursement.

\_\_\_\_\_  
Signature of Carrier

Date \_\_\_\_\_  
(Month, Day, Year)

\_\_\_\_\_  
Title